

DHHS SUBCONTRACTING PLAN REVIEW FORM

SB No. (Item 6 on 653) _____ **MULTIPLE AWARD** __YES __NO (if yes, identify # of subcontracting plans)_____of_____

MOD No. (if applicable) _____

ORIGINAL SUBMISSION

DATE: _____

REVISED SUBMISSION

DATE: _____

FINAL SUBMISSION

DATE: _____

TYPE OF PLAN

INDIVIDUAL _____

MASTER _____

COMMERCIAL _____

PART A GENERAL INFORMATION:	1. Solicitation/Contact No: _____	2. Title of Acquisition: _____				
3. Contractor 's Name: _____	4. Period of Performance (Base & Options) From _____ To: _____		5. Total Contract Amount (including options) \$ _____ BASE YEAR (If there are options) _____			
6. Option #1 (if applicable) \$ _____	Option #2 (if applicable) \$ _____	Option #3 (if applicable) \$ _____	Option #4 (if applicable) \$ _____			
7. Contracting Officer/Specialist Name, Bldg. Room, Phone, Fax & E-mail: _____			8. Date Received by SBS for Review: _____			
PART B - PLAN REQUIREMENTS:			CO		SBS	SBA/PCR
1. Subcontracting Goal Data: a. Total Subcontracting Dollars \$ _____			A	U	A	U
b. Total Subcontracting Dollars and Percentage with Small Businesses (including SDB, WOB and HUBZone) - [Percentage of 1.a.] \$ _____ and _____ %						
c. Total Subcontracting Dollars and Percentage with Small Disadvantaged Businesses - [Percentage of 1.a.] \$ _____ and _____ %						
d. Total Subcontracting Dollars and Percentage with Woman-owned Small Businesses - [Percentage of 1.a.] \$ _____ and _____ %						
e. Total Subcontracting Dollars and Percentage with HUBZone Small Business concerns - [Percentage of 1.a.] \$ _____ and _____ %						
f. Total Subcontracting Dollars and Percentage with "other" than Small Businesses - [Percentage of 1.a.] \$ _____ and _____ %						
2. a. Subcontracting Opportunities (description of all principal products/services to be subcontracted to all types of concerns)						
b. Methodology used to develop goals and identify potential sources (e.g. historical trends, information on technical and competitive bidding, formula for calculating the goals, etc.)						
3. Subcontracting Plan Administrator 's Name and Duties						
4. Description of efforts to ensure small business, small disadvantaged, woman-owned and HUBZone entities have equitable opportunity to compete for subcontracts						

PART B - PLAN REQUIREMENTS - CONTINUED		CO		SBS		SBA/PCR	
5. Required flow-down clause to be included in prime contractor ' s subcontracts		A	U	A	U	A	U
6. Reports and Records: a. Agreement to submit required reports							
b. Agreement to cooperate in studies, surveys							
PART C - CO DETERMINATION - SBS AND SBA RECOMMENDATION:		CO		SBS		SBA/PCR	
1. The proposed plan meets the requirements of FAR 19.704 and, in accordance with 19.705-4, past performance has been considered when determining acceptability of this plan.		Y	N	Y	N	Y	N
2. The proposed plan requires an additional pre-award review							
COMMENTS: If any elements are determined to be unacceptable, summarize below:							
<div>_____</div> <div>CO Signature</div> <div>DATE</div>		<div>_____</div> <div>SBS Signature</div> <div>DATE</div>		<div>_____</div> <div>SBA/PCR Signature</div> <div>DATE</div>			

A=ACCEPTABLE

U=UNACCEPTABLE

Y= Yes

N= No

NOTES:

Contracting officers are responsible for distribution of award documents in accordance with 19.705-6